PTO/SB/06 (12-04) Approved for use through 7/31/2006. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Mumber 10-60 1693		
	· Al	PPLICATION (Col	AS FILED		umn 2}	SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY		
	FOR	NUMB	NUMBER FILED		R EXTRA	RATE (\$)	FEE (\$)		RATE (S)	FEE (S)	
	C FEE FR 1.16(a), (b), or (c	e))									
SEARCH FEE (37 CFR 1.18(k), (i), or (m))											
EXA	MINATION FEE										
TOT	FR 1.16(0), (p), or (i AL CLAIMS :FR 1.16(i))	" 44	## _minus 20 = .			x =		OR	х =	. ,	
INDE	PENDENT CLAI	ms 5	5 minus 3 =						х =		
APP	FR 1.16(h)) LICATION SIZE CFR 1.16(6))	sheets,or is \$250 (additional	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small en- additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and		ze fee due each ereof. See						
MUL	TIPLE DEPENDI	ENT CLAIM PRES	ENT (37 CF	R 1.16(j))]				
. If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II											
	APPL	(Column 1)	MINENDE	(Column 2)	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY			
AMENDMENT	52505	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.15(1))	109	Minus	" Y4	9	x 25.		OR	x 50=	<u></u>	
	Independent (37 CFR 1,16(h))	. 3	Minus	" . 5	·=	x/W =		OR	* 300°	-	
	Application Size Fee (37 CFR 1.16(s))							1			
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())					180		OR	360		
Г								OR	TOTAL ADD'L FEE	<u></u>	
<u> </u>		(Column 1)		(Cotumn 2)	(Column 3)			_	_ 		
AMENDMENT .	6 2 05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16())	23	Minus	"44	=	x 25 _		OR	x 50 -		
	Independent (37 GFR 1.16(h))	· 3	Minus	<u></u>	-/-	x 100 =		OR	x 200 =		
	Application Size Fee (37 CFR 1.16(s))					10		-	100	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					180		OR	360		
						TOTAL ADD'L FEE		OR	ADD'L FEE		
# If the entry in column 1 is less than the entry in column 2, write "0" in column 3. # If the "Highest Number Previously Pald For IN THIS SPACE is less than 20, enter "20".											

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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